
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dalgetty et al.

Attorney Docket No.: XENOP008/PXE-037.US

Application No.: 10/081,040

Examiner: DIXON, Annette Fredricka

Filed: February 20, 2002

Group: 3771

Title: Multiple Output Anesthesia System

Confirmation No.: 8481

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on April 6, 2007.

Signed: /Kristina Gomez/
Secretary

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	46	MINUS	38	08	x 25 =	x 50 = \$400
Independent Claims	11	MINUS	05	06	x 100 =	x 200 = \$1200
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total						\$1600

- ☐ Applicant(s) hereby petitions for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. XENOP008).

Respectfully submitted,
BEYER WEAVER LLP

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